

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-879)

SERIAL NO.

FILING DATE

101 585,732

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | | 1 | | 1 | | |
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| 9 | | 1 | | 1 | | |
| 10 | | 1 | | 1 | | |
| 11 | | 1 | | 1 | | |
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| 13 | | 1 | | 1 | | |
| 14 | | 1 | | 1 | | |
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| 18 | | 1 | | 1 | | |
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| 21 | 1 | | | 1 | | |
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| TOTAL IND. | 12 | ↓ | 6 | ↓ | | ↓ |
| TOTAL DEP. | 28 | ← | 20 | ← | | ← |
| TOTAL CLAIMS | 40 | | 26 | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |